

# SOUTH DAKOTA WELL REHABILITATION REPORT

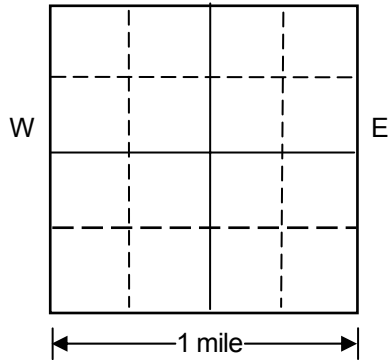
11-02

Location \_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec \_\_\_\_ Twp \_\_\_\_ Rg \_\_\_\_

County \_\_\_\_\_

North

Please mark well  
location with  
an "X"



Well owner:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Describe original construction if possible.  
(Attach original log if available)

Rehabilitation Completion Date \_\_\_\_\_

## PROPOSED USE:

Domestic  
Irrigation

Municipal  
Industrial

Stock

Description of condition of well before rehabilitation:

Description of rehabilitation work completed:

Recasing information: Material \_\_\_\_\_ Diameter \_\_\_\_\_ Inches Depth \_\_\_\_\_ Feet

Describe screen or perforations \_\_\_\_\_ Screen Location From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Grout: YES Describe grouting procedure and grout  
NO

Well Test Data: Specific capacity \_\_\_\_\_ Static water level \_\_\_\_\_  
If a flowing well GPM \_\_\_\_\_ Shut in \_\_\_\_\_ PSI

This well rehabilitation was completed under license # \_\_\_\_\_ and this report is true and accurate.

Drilling firm: \_\_\_\_\_

Signature of Licensed Representative: \_\_\_\_\_

Signature of Well Owner: \_\_\_\_\_

Date: \_\_\_\_\_